Virginia Department of Health

Office of Licensure and Certification

Hospice Services in Nursing Facilities

Principle: A nursing facility resident receiving hospice benefits shall not experience any lack of services or personal care because of his or her status as a hospice patient.

Introduction: State and federal regulation requires each facility to implement an active program of nursing care directed towards assisting all residents to achieve outcomes consistent with their highest level of self-care and independence. This may include provision of hospice services if elected by the resident.

The nursing facility and hospice organization must communicate, establish and agree upon a coordinated plan of care for the resident that reflects the hospice philosophy based on an assessment of the resident's needs and the unique living situation in the facility. Through communication and coordination, the nursing facility and the hospice organization can provide appropriate end of life and palliative care to a hospice resident while maintaining compliance with applicable state and federal regulations. It may be beneficial to have formal agreements drafted between a facility and a hospice organization to ensure appropriate coordination and communication.

Definition

Hospice is a coordinated program of home and inpatient care provided directly or through an agreement under the direction of an identifiable hospice administration providing palliative and supportive medical and other health services to terminally ill patients and their families. A hospice utilizes a medically directed interdisciplinary team. A hospice program of care provides care to meet the physical, psychological, social, spiritual and other special needs, which are experienced during the final stages of illness, and during dying and bereavement.

Palliative care is an interdisciplinary team approach to the care of persons whose illnesses are decreasingly responsive to cure oriented medical treatments. Palliative care acknowledges for the resident, family and providers that interventions are increasingly directed toward comfort. The goal of palliative care is to achieve and sustain the highest quality of life for residents and their families by providing aggressive pain and symptom management, together with psychosocial and spiritual supports to ameliorate suffering.[1]

General Rules:

A. A resident may receive the hospice benefit if he or she meets the hospice eligibility criteria. The facility shall be considered the hospice resident's place of residence.

[1] Courtesy of the Virginia Palliative Care Partnership, November 2001.

B. When the Medicare resident is also eligible for Medicaid and the facility is paid for the resident's NF care by Medicaid, the Medicare hospice benefit may be elected if:

1. The hospice and the facility have a written agreement under which the hospice takes full responsibility for the professional management of the resident's hospice care; and
2. The facility agrees to provide room and board to the resident.

C. The resident's plan of care shall be coordinated and shall clearly identify the services provided by the facility and the hospice in response to the resident's expressed desire for hospice care. The plan of care shall:

1. Reflect the hospice philosophy;
2. Be based on the assessed needs of the resident and the unique living situation in the facility, including the resident's current medical, physical, psychosocial and spiritual needs;
3. Include directives for managing pain and other uncomfortable symptoms;
4. Identify the care and services that the facility and hospice will provide in order to be responsive to the resident;
5. Be implemented according to accepted professional standards of practice;
6. Reflect the participation of the hospice, the nursing facility, and the resident, resident's family or responsible party to the extent possible; and
7. Be revised and updated as necessary to reflect the resident's current status;

The facility and the hospice staff shall communicate when any changes to the coordinated plan of care are indicated.

D. Medications and medical supplies shall be provided as needed for the palliation and management of the terminal illness and related conditions. Medications must be furnished according to accepted professional standards of practice.

Medications used for appropriate pain management and the relief of uncomfortable symptoms shall not be considered chemical restraints. A medication is not a chemical restraint *unless* it is used for discipline or the convenience of facility staff.

E. Physician services shall include palliation and management of the terminal illness and related conditions.

F. The facility and the hospice are responsible for performing each of their respective functions that have been agreed upon and included in the coordinated plan of care.

G. The hospice shall retain overall professional management responsibility for directing the implementation of the coordinated plan of care related to the resident's terminal illness, including:

1. Assuming professional management of the individual's hospice care;
2. Make any arrangements necessary for care in a participating Medicare or Medicaid inpatient facility;
3. Provide all hospice core services (*physician services, nursing services, medical social services and counseling*) directly by the hospice employees. The hospice may arrange to have the nursing facility provide some non-core services.

H. The hospice organization shall designate a registered nurse to coordinate the agreed upon plan of care. The facility's services shall be consistent with the coordinated plan of care.

I. The hospice organization shall provide written procedures to assist facilities in providing appropriate pain management and end-of-life care.

J. The facility shall provide room and board to the resident, including:

1. Performing personal care services;
2. Assisting with activities of daily living;
3. Administering medication;;
4. Socializing activities;
5. Housekeeping of the resident's room; and
6. Supervising and assisting in the use of durable medical equipment and prescribed therapies.

K. The attending physician shall participate in the development of the plan of care and shall provide care under it. The hospice IDG, the attending physician, and the resident must reach an agreement regarding treatment before services are provided. If a resident or responsible party prefers the type of care proposed by the attending physician and the hospice's IDG proposes a different mode of care, the resident may revoke the hospice election and accept treatment from the physician outside the hospice benefit. Alternately, the resident may choose to remain in the hospice program and refuse the suggestions of his or her attending physician.